

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Patient Health Questionnaire (PHQ-9)**

Over the <b>last 2 weeks</b> , how often have you been bothered by the following problem? (Circle your answer.)	Not at all	Several days	More than half the days	Nearly everyday
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3

Column totals \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Total: \_\_\_\_\_

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all  
  Somewhat difficult  
  Very difficult  
  Extremely difficult

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**GAD-7 Anxiety**

Over the **last 2 weeks**, how often have you been bothered by the following problem?  
(Circle your answer.)

	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly everyday</b>
1. Feeling nervous, anxious or on the edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it is hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful might happen.	0	1	2	3

Column totals    \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Total score: \_\_\_\_\_

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all   
  Somewhat difficult   
  Very difficult   
  Extremely difficult

**0-4: minimal anxiety    5-9: mild anxiety    10-14: moderate anxiety    15-21: severe anxiety**